salicylic acid liberated by virtue of the greater CO₂ content of the venous blood of the right heart exerts an antiseptic action and prevents the development of a right-sided auriculoventricular (tricuspid) endocarditis in rheumatic fever is untenable. An explanation of the phenomenon must be sought elsewhere.

The Action of Drugs in Infection.—I. The Influence of Morphin in Experimental Septicemia.—Kraft and Lettch, (Jour. Pharm. Exp. Therap., 1921, xvii, 377) report that morphin lowers the resistance of rabbits toward septicemia produced by Streptococcus hemolyticus. Just how this decreased resistance is brought about they fail to determine, but suggest that the harmful influence of morphin is due to several factors: Inhibition of phagocytosis, increase in intestinal stasis and a depression of body temperature, of metabolism and of the body defence. While there can be no doubt of the value of the sedative action of morphin in certain non-inflammatory conditions the authors are convinced that opium and its derivatives must be prescribed with great caution to those patients who are suffering from diseases associated with inflammation.

PEDIATRICS

UNDER THE CHARGE OF

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Feeble-mindedness in Hereditary Neurosyphilis.—RAEDER (Am. Jour. Dis. Children, March, 1921) studied thirty children ranging in age from two to sixteen years. In either one or both parents there was a positive Wassermann reaction on the blood serum. Most of the parents had neurosyphilis usually of the paretic type. Either blood serum or blood serum and spinal fluid Wassermanns were made, in all thirty cases. Of these nineteen showed a definitely positive Wassermann reaction. With few exceptions the older children or those born nearest the time of the parental infection showed a positive Wassermann, while the younger and farthest removed showed a negative Wassermann. On twenty-two of the thirty children spinal fluid was obtained and in four of these a positive Wassermann reaction was returned. Psychometric examination of these children showed psychic steps corresponding to the grades of physical defects. Mental deficiency in congenitally syphilitic children of not feeble-minded parents is usually due to syphilis.

The Electrocardiogram in Normal Children.—Seham (Am. Jour. Dis. Children, March, 1921) found that in the premature in the first three months of life the normal electrocardiogram indicates that there is a right ventricular preponderance. At about the fourth month the R1 becomes longer than the S1, and from then on the ventricular com-

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plex approaches the adult type of curve. In general the average height of deflections in children are greater than in the adult. Except in the premature satisfactory records showing all the deflections seen in the normal adult electrocardiogram can be obtained during any period of childhood. The P is higher in childhood than in the adult in all three leads except in the premature. It was absent in only two cases of this series. It was found electronegative in eight records. The Q plays a prominent part in the electrocardiogram of childhood. It is larger in Leads II and III. Altogether it adds confirmatory evidence that there is a right ventricular preponderance in the first few months of life. The R in Lead I during the first few months of life is lower than at any other period, but in Leads II and III it averages higher than in the adult. The increase of R1 corresponding with the decrease of S in Lead I is also an indication of a right ventricular preponderance during the earliest periods of life. The S deflection is the most characteristic and distinctive of the ventricular complex in childhood. In Lead I it is both relatively and absolutely higher in the first three months than in any other period of life and in the other leads it is relatively higher than in the adult. The T is very susceptible to external influences in the child and therefore its height is unreliable. In the first ten days it is quite frequently absent. After that it is quite constant. It was found inverted but only during the latter part of childhood in 15 per cent of the readings. The general impression that the younger the child the more frequent the arrhythmias was not confirmed by the electrocardiograph. The younger the child the faster the pulse and the faster the pulse the less frequent the arrhythmia. In the newborn the average difference between the highest and the lowest pulse periods was $\frac{2}{50}$ second. Whereas in the older children from six to thirteen years of age the average difference was $4\frac{3}{50}$ seconds. In the period of infancy no sinus arrhythmia occurred, while in the school age 47 per cent showed it. The transmission time in children is, on the whole, of shorter duration than in the adult. In the newborn the auricular activity occupies an average of 0.18 second, whereas in the last period of childhood it consumes an average of 0.19 second. In the adult the R interval averages 0.18 second. In the newborn it averages 0.21 second and gradually increases until at the school age it averages 0.34 second. In the adult the average for RT phase is 0.36 second.

Safety-pins in the Stomach.—Jackson and Spencer (Jour. Am. Med. Alssn., February 26, 1921) report two cases in which the pins were removed by mouth without anesthesia. Discussing foreign bodies that have reached the stomach without having been pushed down will pass harmlessly through the intestinal tract. Enough exceptions arise that make it necessary to watch the foreign body at frequent intervals by fluoroscopy until the foreign body is passed. During this time no change should be made in the diet and laxatives are not to be given. Open safety-pins have been passed by rectum, but removal from the stomach by mouth is advisable where the pin is so large relatively to the size of the patient that there is some doubt that it will pass, and also when waiting for from three to eight weeks has demonstrated that the pin will probably not pass. There is little likelihood that a foreign body